#### PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: 2018 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE FILER STATUS 2018 Annual (Due: May 15, 2019) Member of the U.S. House of Representatives District:\_ State: 6 h Daytime Telephone: 202-225-4422 Amendment For Use by Members, Officers, and Employees Form A Officer or Employee **Employing Office:** Termination Date of Termination: M 2019 (Office-Use Parly) 3: 36 A \$200 penalty shall be assessed against any individual who files more than 30 days late. HAND DELIVERED 1 of 12 Shared Staff Filer Type: (If Applicable) Principal Assistant

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
Yes No X	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No X	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes No	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No X	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?

# IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.  TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded	
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<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes   No   X

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\$1,000,001-\$1,000,000   \$1,000,001-\$5,000,000   Over \$5,000,000   Spouse/DC Asset with Income over \$1,000,000*  ≥		\$2,501-\$5,000	< mon	
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\$1,000,001-\$1,000,000   \$1,000,001-\$5,000,000   Over \$5,000,000   Spouse/DC Asset with Income over \$1,000,000*  ≥			<u>≦</u>	Ś
\$1,000,001-\$1,000,000   \$1,000,001-\$5,000,000   Over \$5,000,000   Spouse/DC Asset with Income over \$1,000,000*  ≥	$\perp$		<u>≦</u> ä`	I
Over \$5,000.000         ≥           Spouse/DC Asset with Income over \$1,000,000*         ≥			× °	Page
Spouse/DC Asset with Income over \$1,000,000°				
	_		_	
			,, <b></b>	<b>.</b>   [ˈ <u>·</u> .
Transaction		S Spart), or E	Transaction	12

Name: Dougles L. Lamborn

Page 5 of 12

\$1,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000  Cover \$50,000,000  Spouse/DC Asset over \$1,000,000*  NONE  DIVIDENDS  RENT	
Nove   S   S   S   S   S   S   S   S   S	BLOCK A Assets and/or Income Sources
\$15.10,000 w \$15.001.55,000 CO \$15.001.550,000 CO \$15.001.550,000 CO \$15.001.550,000 CO \$15.001.550,000 CO \$15.000.550,000 CO \$25.000.550,000 CO \$25.000.0550,000 CO \$	
\$1,001-\$15,000 \$15,001-\$50,000 \$35,001-\$100,000 \$15,001,055,000,000 \$2,001-\$500,000 \$35,001-\$51,000,000 \$35,000,055,000,000 \$35,000,055,000,000 \$35,000,055,000,000 \$35,000,055,000,000 \$35,000,055,000,000 \$35,00	
\$15,001-\$50,0000	
	i
\$1,000,001-15,000,000  \$5,000,001-35,000,000  \$25,000,001-350,000,000  Over \$30,000,000  Over \$30,000,000  P  Spause/DC Asset over \$1,000,000*  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BUIND TRUST  TAX-DEFERRED  Other Type of facome (Specify, e.g., Partnership income or Farm Income)  None  S15,000  S25,000,001-35,000,000  S25,000,001-35,000,000  S35,001-31,000  S35,001-31,000  S35,001-31,000  S35,001-31,000  S35,001-31,0000  S35,001-31,0000  S35,001-31,0000  S35,001-31,00000   S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000,0000  S35	¥a.
\$1,000,001-15,000,000  \$5,000,001-35,000,000  \$25,000,001-350,000,000  Over \$30,000,000  Over \$30,000,000  P  Spause/DC Asset over \$1,000,000*  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BUIND TRUST  TAX-DEFERRED  Other Type of facome (Specify, e.g., Partnership income or Farm Income)  None  S15,000  S25,000,001-35,000,000  S25,000,001-35,000,000  S35,001-31,000  S35,001-31,000  S35,001-31,000  S35,001-31,000  S35,001-31,0000  S35,001-31,0000  S35,001-31,0000  S35,001-31,00000   S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000,0000  S35	ne c
\$1,000,001-15,000,000  \$5,000,001-35,000,000  \$25,000,001-350,000,000  Over \$30,000,000  Over \$30,000,000  P  Spause/DC Asset over \$1,000,000*  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BUIND TRUST  TAX-DEFERRED  Other Type of facome (Specify, e.g., Partnership income or Farm Income)  None  S15,000  S25,000,001-35,000,000  S25,000,001-35,000,000  S35,001-31,000  S35,001-31,000  S35,001-31,000  S35,001-31,0000  S35,001-31,0000  S35,001-31,0000  S35,001-31,00000   S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000000  S35,001-31,000,0000	BLOCK B Value of Asset
S5,000,001-\$25,000,000	set
\$25,000,001-\$50,000,000  Cover \$30,000,000  Cover \$30,000,000  SpokesPDC Asset over \$1,000,000'  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTEDIBLIND TRUST  TAX-DEFERRED  Other Type of Income (Spoidly, e.g., Partnership Income or Farm Income)  None  None  S1-\$200  S2,501-\$1,000  \$2,501-\$3,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,001-\$1,000,000  \$3,0001-\$1,000,000	
Over \$50,000,000	
SpouseIDC Asset over \$1,000,000"   ≥	
NONE	
DIVIDENDS   RENT   INTEREST   INTEREST   CAPITAL GAINS   EXCEPTEDIBLIND TRUST   TAX-DEFERRED   Other Type of Income (Spedify: e.g., Partnership Income or Farm Income)   Si-\$200   =	
RENT   INTEREST   INTEREST   CAPITAL GAINS   EXCEPTED/BUND TRUST   TAX-DEFERRED   Other Type of Income (Specify, e.g., Partnership Income or Farm Income)     None   -	
INTEREST   INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST   TAX-DEFERRED   Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	₹ _
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	a S
	ome
\$1.5200 =  \$201-\$1,000	
\$201-\$1,000 \( \)	
\$1,001-\$2,500	
\$2,501-\$5,000 < \$5,001-\$15,000	
\$5,001-\$15,000 \( \leq \)  \$15,001-\$100,000 \( \leq \)  \$50,001-\$100,000 \( \leq \)  \$100,001-\$1,000,000 \( \leq \)  \$1,000,001-\$5,000,000 \( \leq \)	>
\$15,001-\$50,000 \(\frac{\pi}{2}\)  \$50,001-\$100,000 \(\frac{\pi}{2}\)  \$100,001-\$1,000,000 \(\frac{\pi}{2}\)  \$1,000,001-\$5,000,000 \(\frac{\pi}{2}\)	JO E
\$50,001-\$100,000 \(\frac{\pi}{\pi}\) \$100,001-\$1,000,000 \(\frac{\pi}{\pi}\) \$1,000,001-\$5,000,000 \(\frac{\pi}{\pi}\)	BLOCK D
\$100,001-\$1,000,000	육
\$100,001-\$1,000,000 \(\overline{\times}\)	BLOCK D  Amount of Income
	ne e
Over \$5,000,000	
Spouse/DC Asset with Income over \$1,000,000*	
S S S (part), or E	BLOCK E Transaction

SCHEDULE A ASSETS  BLOCK A Assets and/or Income Sources	SCHEDULE A ASSETS & "UNEARNED INCOME"  BLOCK B  BLOCK B  Assets and/or Income Sources  Value of Asset	Name: Dougles L. L  BLOCK C Type of Income	BLOCK D Amount of Income	of {Z
Sp-Ameritade	None  \$1-\$1,000   \$1.001-\$15,000   \$15,001-\$15,000   \$15,001-\$50,000   \$50,001-\$100,000   \$100,001-\$250,000   \$250,001-\$500,000   \$250,001-\$1,000,000   \$1,000,001-\$25,000,000   \$1,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,000    \$25,000,000-\$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000    \$25,000,000     \$25,000,000     \$25,000,000    \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000     \$25,000,000	NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None          \$1-\$200       =         \$201-\$1,000       ≡         \$1,001-\$2,500       ≥         \$2,501-\$5,000       ≥         \$5,001-\$15,000       ≤         \$15,001-\$50,000       ≦         \$50,001-\$100,000       ≅         \$100,001-\$1,000,000       ⋈         \$1,000,001-\$5,000,000       ⋈         Spouse/DC Asset with Income over \$1,000,000*       ⋈	P. S. S. (Darry)
SP, ASSET NAME EIF				
SP Net App Inc. stock	X	X	X	20
- 12   XXW		>		l
مر کسرد من	X	X	X	5
_				}
I Wet KpA, Inc. option-	×	*		l
7	X	X	X	S
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1 Mari Call of 84				
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#### **SCHEDULE B - TRANSACTIONS**

Name: Bougles Le Lamborn Page 7 of 12

Pennet any reinchase sale or exchange transactions that exceeded \$1,000 in the	Tuno of Tran			Data				<u> </u>	Amount of		Transaction	ž			
reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.			xceeded	i i	>	60	<u> </u>	• —	m		ဓ	<b>I</b>	-	٠	*
Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.		<u></u>	Capital Gain E	(MO/DAYR) or Quarterly,										,000	
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-date-nort account, and disclose the capital gain income on Schedule A.	rchase	rtial Sale	eck Box if C	weekly, if applicable	,001- 5,000	5,001- 0,000	0,001- 00,000	00,001- 50,000	50,001- 00,000	00,001- 1,000,000	1,000,001- 5,000,000	5,000,001- 25,000,000	25,000,001- 50,000,000	ver \$50,000	ver \$1,000,0 ipouse/DC /
use or dependent	Sai		Chi \$20		\$1, \$18	\$50	\$10							٥	
SP.DC. JT Afset > 1 - Amerina	)									_					
SP Example Mega Corp. Stock Margin & CCTC		×	×	3/9/18		×		_							
SP Net has he stock	X			1/19/18		X						ļ			
- Ama				1/22/18		X						ļ			
2-	X	-		3)19/18		X	<u> </u>		_						
100	X			3/22/18		X	_								
SP Net Ann Inc. strck	X			4/23/18		X									
SP Nethan Inc. stock	X			5/1/18		X				-		ļ. <u>.</u>			
, ,	X			81/4/8		X	_			_					
Ann. Tu Co	X			6/18/18		X			_						
2 mg 2	X			7/9/18		X				ļ					
mo etac.	X			7/18/18		X			ļ						
, S	X			8/13/18		X			_						
SP Northwarter stock	X,	-		8/13/18		X	<u> </u>	ļ		_					
	X			8/27/18		X			<u> </u>						
An Inc.	<u> </u>			81/5/18		~			<u> </u>	_		_			
ma Juci	X			0/24/18		X	_								
And Inc.	X	:		9/18/18		X					<u> </u>				
111	,			•				_	-						
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#### SCHEDULE B - TRANSACTIONS

Name: Dongles L. Lemborn Page 8 of

		App. I	Am Acc		Ano. Inc.	Am Juc	1 hue.		2 .	Tuc.	ma !	ر ج	11.	M. Jac.	Am A Trace >	Net App Inc. stock	SP Example Mega Corp. Stock	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.  **Column K is for assets solely held by your spouse or oppendent child.	Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sidd, please choose 'partial sale' as the type of transaction.	reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income, include transactions that resulted in a capitel loss. Provide a brief description of an exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
	,	X		$\times$	\ \ \	<	Ì	X		X		X		K		X		Purchase			Турс
			X				X		X		X		X		X			Sale			Type of Transaction
																	×	Partial Sale			nsactio
																		Exchange			3
																	×	Check Box if C \$200	apital Gain E	xceeded	
		8/82/18	grylir	9/5/18	8/27/18	8/13/18	2/13/18	21/8/17	7/9/18	6/18/18	8/4/18	5/1/18	4/23/18	3/22/18	3/19/18	2/6/18	3/9/18	weekly, if applicable	(MO/DAYR) or Ouarterly,		Date
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		\$1,001- \$15,000		>	
																	×	\$15,001- \$50,000		В	
																		\$50,001- \$100,000		ဂ	
																		\$100,001- \$250,000		o	A
																		\$250,001- \$500,000		m	Amount
,																		\$500,001- \$1,000,000		п	of Tran
																		\$1,000,001- \$5.000,000		6	Transaction
																		\$5.000.001- \$25,000,000		<b>=</b>	ž
																	L	\$25,600,001- \$50,000,000		-	
																		Over \$50,000,	000	۲.	
																		Over \$1,000,0 (Spouse/DC A		<b>×</b>	

#### SCHEDULE B - TRANSACTIONS

Name: Dongles L. Lamborn Page q

	111	ر اس ا	SP Net ma his stock	SP Muthan Jace stock	SP Nethan Suc stock	17 Junes	SP Not Ann Suc strick		no hic	SP Net Sin Street	And Inc. 5	Apa Juc	Than Jake	<b>Ի</b>	\$ -	SP Not App. Inc. stock	SP Example Mega Corp. Slock	SP.DC.JT Asse	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$2000- check the "capital gains" box, unless it was an asset in a tax-geterred account, and disclose the capital gain income on Schedule A.  Column K is for assets solely held by your spouse or generadent whild.	Exclude itelisacionis between you, your spouse, or veperiorit cinitien, or ite purchase or sale of your personal residence, urless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	dependent child for hyestment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
		X	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	K	X	X	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	×	X	X	K	X	X	X	X	-		Purel ase			Туре с
												_		_			×		Partial Sale			Type of Transaction
						-		<u> </u> 								 			Exchange			ction
																	×		Check Box if \$200	Capital Gain	Exceeded	1
		9/2d18	9/24/18	81/5/16	8/27/18	8/12/18	8/13/18	1/8/16	7/0/18	6/18/18	8/14/18	5/1/18	21/52/14	3/22/18	3/19/18	2/6/18	3/9/18		weekly, if applicable	(MO/DAYR) or Quarterly, Monthly, or Bi-		Date
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			\$1,001- \$15,000		<b>&gt;</b>	
														<u> </u>	8		×		\$15,001- \$50,000		w	
																			\$50,001- \$100,000		с _	
																			\$100,001- \$250,000		0	Ą
																			\$250,001- \$500,000		m	Amount
			L.																\$500,001- \$1,000,000		71	of Trai
																			\$1,000,001- \$5,000,000		ဝ	Transaction
																			\$5.000,001- \$25,000,000		I	S
																			\$25,600,001 \$50,000,000			
					-														Over \$50,00	0.000	٠.	
$\Box$														1			1	Π	Over \$1,000	.000°		1

### SCHEDULE C - EARNED INCOME

Name: Douglas L. Lamborn Page 10 of 12

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Examples:   State of Maryland   Columbar (ct. 2)   Children County Board of Education   Children County Board of Children County Board of Education   Children County Board of	Approved Teaching Fee Legislative Parison Spouse Speech Spouse Steary Spouse Steary  Spouse Stea

#### SCHEDULE D - LIABILITIES

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	Name:
C	Donalas
	L. Lemborn
	Page /1 of 12

period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owned to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting \*Column K is for liabilities held solely by your spouse or dependent child.

			95		SP, DC, JT		
-		_	Ame	Example			
			Ameristrade	First Bank of Wilmington, DE	Creditor		
			5/11	5/16	Date Liability Incurred MO/YR		
		u de la companya de l	Margh Bect.	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
			X	j	\$15,001- \$50,000	8	
					\$50,001- \$100,000	c	]
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	mour
					\$500,001- \$1,000,000	т	Amount of Liability
					\$1,000,001- \$5,000,000	စ	ability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	<b>-</b>	
					Over \$50,000,000	٠.	]
					Over \$1,000,000* (Spouse/DC Liability)	~	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

			Position
			Name of Organization

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
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mborn
Page_[2_of_[2_

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

-						
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Вейгу, Стіла-DC	٧	۲	Z
	Exemples: Habital for Humanity (charity fundraliser)	Mar. 3-4	DC-Boston-DC	*	Y	Y
,	The German Morshall Fund	P-3 1801	Colorado Springs	۲	۲	7
		•	(no travel)			
	Assen Institute	Aug. 15-19	Denver- Vancourer E.C.	7	7	7
	-	د	Denver			
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